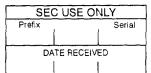
FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL             |              |  |  |  |
|--------------------------|--------------|--|--|--|
| OMB Number:              | 3235-0076    |  |  |  |
| Expires:                 | May 31, 2005 |  |  |  |
| Estimated average burden |              |  |  |  |
| hours per response16.00  |              |  |  |  |



| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  **MW CATILE BACONS, LTD**  |                                       |
|--|---------------------------------------|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment   |                                       |
| A. BASIC IDENTIFICATION DATA   | DECEME!                               |
| 1. Enter the information requested about the issuer  | 2003                                  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  MULLINS ADD WOLD ENTERPRISES, INC.   | M. 9. 30 1                            |
| Address of Executive Offices  1201 S. MAIN ST. STE 201, BOEKW, TX 78006  Address of Principal Business Operations  (Number and Street, City, State, Zip Code)  Telephone Num  (Number and Street, City, State, Zip Code)  Telephone Num  | er (Including Area Code)              |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Num (if different from Executive Offices)  | ber (Including Area Code)             |
| Brief Description of Business  |                                       |
| CATTLE PURCHASE, MAINTENANCE AND SALE  |                                       |
| Type of Business Organization  corporation business trust  limited partnership, already formed business trust  limited partnership, to be formed   | PROCESSED                             |
| Month Year  Actual or Estimated Date of Incorporation or Organization:  Actual or Estimated Date of Incorporation or Organization:  Estimated Date of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) | AUG 0 2 2004,<br>THOMSON<br>FINANCIAL |

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

| <ul><li>Each beneficial ow</li><li>Each executive of</li></ul>  | the issuer, if the is<br>wner having the pow | suer has been<br>ver to vote or d<br>f corporate iss | ispose, or dire | ect the |                                 |   |                |    | s of equity securities of the is<br>ership issuers; and |
|---|--|--|-----------------|---------|---------------------------------|---|----------------|----|---|
| heck Box(es) that Apply:  | Promoter                                     | Benefic  | cial Owner      |         | Executive Officer               |   | Director       | ×  | General and/or<br>Managing Partner                      |
| ull Name (Last name first, MULLIN tusiness or Residence Address | S AND  | Street, City, S                                      | State, Zip Coo  | TE      | rprises,                        | II  | JC.            |    |   |
| hack Pov(es) that Annive  | S. MAIN  ☐ Promoter                          | ST., S   | TE ZO           | 1_,     | <b>BOERNE</b> Executive Officer | <u>,                                     </u> | TX<br>Director | 78 | General and/or  |
| heck Box(es) that Apply:  | Promoter                                     | Benefit  | hai Owner       |         | Executive Officer               | Ш   | Director       | L  | Managing Partner  |
| ill Name (Last name first,                                      | if individual)                               |  |                 |         |                                 |   |                |    |   |
| usiness or Residence Addre                                      | ess (Number and                              | Street, City, S                                      | State, Zip Coo  | de)     |                                 |   | <del></del> _  |    |   |
| heck Box(es) that Apply:  | Promoter                                     | Benefic  | cial Owner      |         | Executive Officer               |   | Director       |    | General and/or<br>Managing Partner                      |
| all Name (Last name first,                                      | if individual)                               |  |                 |         |                                 |   |                |    |   |
| usiness or Residence Addre                                      | ess (Number and                              | Street, City, S                                      | State, Zip Coo  | de)     |                                 |   |                |    |   |
| heck Box(es) that Apply:  | Promoter                                     | ☐ Benefic  | cial Owner      |         | Executive Officer               |   | Director       |    | General and/or<br>Managing Partner                      |
| ill Name (Last name first,                                      | if individual)                               |  |                 |         |                                 |   |                |    |   |
| usiness or Residence Addre                                      | ess (Number and                              | Street, City, S                                      | State, Zip Coo  | de)     |                                 |   |                |    |   |
| neck Box(es) that Apply:  | Promoter                                     | Benefic  | cial Owner      |         | Executive Officer               |   | Director       |    | General and/or<br>Managing Partner                      |
| ill Name (Last name first,                                      | if individual)                               |  | <del></del>     |         |                                 |   |                |    |   |
| usiness or Residence Addre                                      | ess (Number and                              | Street, City, S                                      | State, Zip Coo  | de)     |                                 |   |                |    |   |
| neck Box(es) that Apply:  | Promoter                                     | Benefic  | cial Owner      |         | Executive Officer               |   | Director       |    | General and/or<br>Managing Partner                      |
| ll Name (Last name first, i                                     | if individual)                               |  |                 |         |                                 |   |                |    |   |
| siness or Residence Addre                                       | ess (Number and                              | Street, City, S                                      | State, Zip Coo  | de)     |                                 |   | <del></del>    |    |   |
| neck Box(es) that Apply:  | Promoter                                     | ☐ Benefic  | cial Owner      |         | Executive Officer               |   | Director       |    | General and/or<br>Managing Partner                      |
| III Name (Last name first, i                                    | if individual)                               |  |                 |         |                                 |   |                |    |   |
| usiness or Residence Addre                                      | ess (Number and                              | Street, City, S                                      | state, Zip Coo  | de)     |                                 |   | <del></del>    |    |   |
|   | (Use bla                                     | nk sheet, or co                                      | ppy and use a   | dditio  | onal copies of this sh          | neet, a                                       | s necessar     | y) |   |
|   |  |  |                 | 2 of    | 9                               |   |                |    |   |

A. BASIC IDENTIFICATION DATA

|      |                                  |   | 2   | -  | В. І                                      | NFORMAT                                 | ION ABOU                                      | r offer                                | ING  |   |                             |          |                 |
|------|----------------------------------|---|---|--|---|---|---|--|--|---|-----------------------------|----------|-----------------|
| 1.   | Has the                          | issuer sold                                     | l. or does th                               | ne issuer i                                | ntend to se                               | ell, to non-a                           | ccredited in                                  | vestors i                              | n this offerir   | ıg?                                     |                             | Yes      | No              |
| ••   | 1145 1116                        |   | ., 0. 4000                                  |  |   |   |   |  | under ULOF   |   |                             | 2        |                 |
| 2.   | What is                          | the minim                                       | um investn                                  |  |   |   |   | _                                      |  |   | *************               | \$5,     | 000 -           |
|      |                                  |   |   |  |   |   |   |  |  |   |                             | Yes      | No              |
| 3.   |                                  |   |   |  |   |   |   |  | •••••  |   |                             | X        |                 |
| 4.   | commis<br>If a pers<br>or states | sion or sime<br>son to be lis<br>s, list the na | ilar remune<br>ted is an ass<br>me of the b | ration for s<br>sociated pe<br>roker or de | solicitatior<br>rson or ag<br>ealer. If m | n of purchase<br>ent of a brok          | ers in conne<br>ter or dealer<br>e (5) person | ction with<br>registere<br>s to be lis | given, direct sales of sect that sales of sect that the SE ted are associty. | urities in th<br>EC and/or v            | e offering.<br>vith a state |          |                 |
| Ful  | l Name (                         | Last name                                       |   |  | , 9                                       |   |   |  |  |   |                             |          |                 |
| Bus  | siness or                        | Pacidance                                       | Address (N                                  | lumber and                                 | Street C                                  | ity State 7                             | in Code)                                      |  |  |   |                             |          |                 |
| 2    |                                  | 120   | 1 5.  | MA   | N 5                                       | 1., 5                                   | TE 201  | , Z                                    | BOERNE   | TX                                      | 78                          | 006      |                 |
| Naı  | me of As                         | sociated Br                                     | oker or De                                  | aler                                       |   |   |   | ,                                      |  |   |                             |          |                 |
| Sta  | tes in Wh                        | NA<br>Nich Person                               | •   | Solicited                                  | or Intend                                 | s to Solicit                            | Purchasers                                    |  |  |   |                             |          |                 |
| Diu. |                                  |   |   |  |   |   |   |  | •••••  | *************************************** |                             | ☐ Al     | 1 States        |
|      | AL                               | AK  | AZ  | AR   | CA  | CO                                      | [CT]  | DE                                     | DC   | FL                                      | [GA]                        | HI       | ΠD              |
|      | IL                               | ĪN  | ĪĀ  | KS   | KY  | LA                                      | ME  | MD                                     | MA   | MI                                      | MN                          | MS       | MO              |
|      | MT                               | NE  | NV  | NH   | NJ  | NM                                      | NY  | NC                                     | ND   | OH                                      | OK                          | OR       | PA              |
|      | RI                               | SC  | SD  | TN   | X   | UT                                      | VT  | VA                                     | $\overline{WA}$  | $\overline{\mathrm{WV}}$                | WI                          | WY       | PR              |
|      |                                  | Last name                                       |   |  | 7.  | CARU                                    |   |  |  |   |                             |          |                 |
| Bus  | siness or                        | Residence                                       | Address (1                                  | Number an                                  | d Street, (                               | RRY<br>City, State, 1                   | Zip Code)                                     | ·                                      |  |   | <u> </u>                    |          |                 |
|      |                                  | 17  | 201 3                                       | 5. M.                                      | AIN .                                     | S7.                                     | STE Z   | 01,                                    | BORR   | NE, T                                   | 7 3                         | 1880     | 6               |
| Naı  | me of As                         | sociated Br                                     | oker or De<br><b>A</b>                      | aler                                       |   | ,                                       |   |  |  |   |                             |          |                 |
| Sta  |                                  |   |   |  |   | s to Solicit                            |   |  |  |   |                             |          |                 |
|      | (Check                           | "All States                                     | " or check                                  | individual                                 | States)                                   | *************************************** | ••••••  | . (                                    | •••••  | *************                           |                             |          | l States        |
|      | AL                               | AK  | AZ  | AR   | CA  | CO                                      | CT  | DE                                     | DC   | FL                                      | GA                          | HI       | ID              |
|      | IL                               | IN  | IA  | KS   | KY  | LA                                      | ME  | MD                                     | MA   | MI                                      | MN                          | MS       | MO              |
|      | MT<br>RI                         | NE<br>SC  | NV<br>SD                                    | NH<br>TN                                   | N<br>N                                    | NM<br>UT                                | NY<br>VT                                      | NC<br>VA                               | ND<br>WA   | OH<br>WV                                | WI)                         | OR<br>WY | PA<br>PR        |
| Ful  |                                  | Last name                                       |   |  |   |   |   |  |  |   |                             |          |                 |
|      |                                  |   | ,   | ,  |   |   |   |  |  |   |                             |          |                 |
| Bus  | siness or                        | Residence                                       | Address (1                                  | Number an                                  | d Street, (                               | City, State,                            | Zip Code)                                     |  |  |   |                             |          |                 |
| Nai  | me of As                         | sociated Br                                     | oker or De                                  | aler                                       |   | ··········                              |   |  |  |   |                             |          |                 |
| Sta  | tes in Wh                        | nich Person                                     | Listed Has                                  | Solicited                                  | or Intend                                 | s to Solicit                            | Purchasers                                    |  |  | · · · · · · · · · · · · · · · · · · ·   | <del></del>                 |          |                 |
|      | (Check                           | "All States                                     | " or check                                  | individual                                 | States)                                   | •••••                                   |   | •                                      |  | ·····                                   |                             | ☐ Al     | 1 States        |
|      | ĀL                               | ĀK  | AZ  | AR   | CA  | CO                                      | CT  | DE                                     | DC   | FL                                      | GA                          | HI       | ID              |
|      | IL MT                            | IN  | IA  | KS   | KY  | LA                                      | ME  | MD                                     | MA   | MI                                      | MN                          | MS       | MO              |
|      |                                  | NE  | NV  | NH   | NJ  | NM                                      | NY  | NC                                     | ND   | OH                                      | OK                          | OR       | $\overline{PA}$ |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|  | tween the aggregate offering price given in I in response to Part C — Question 4.a. The   |   |                           |               |
|--|---|---|---------------------------|---------------|
|  | in response to 1 art C — Question 4.a. 11.  |   |                           | s1,9(A,000-   |
| each of the purposes show check the box to the left of | of the adjusted gross proceed to the issue<br>on. If the amount for any purpose is not<br>the estimate. The total of the payments his<br>forth in response to Part C — Question | t known, furnish an estimate and sted must equal the adjusted gross |                           |               |
|  |   | I   | ayments to                |               |
|  |   | ī   | Officers,<br>Directors, & | Payments to   |
|  |   |   | Affiliates                | Others        |
| Salaries and fees                                      |   | ······  | 50,000                    | <u> </u>      |
|  |   |   |                           | <b>\$</b>     |
|  | g and installation of machinery   | • •   | <i>A</i>                  |               |
| • •  |   | 4   |                           | \$            |
| Construction or leasing of                             | plant buildings and facilities  |   | 10,000                    | \$            |
|  | esses (including the value of securities in exchange for the assets or securities   |   |                           |               |
|  | er)er   |   | 0                         | □\$           |
| Repayment of indebtedness                              | ss  |   | <u></u>                   |               |
| Working capital  |   |   | 50,000                    | <br>          |
| Other (specify): Ren                                   | EN TO INVESTOR  |   |                           | X \$2,300,000 |
| @ ESTIM  | IATED 15% GROW  | тн  |                           | - ' '         |
|  |   | 🔲 🕏   |                           | <u> </u>      |
| Column Totals  |   |   | 110,000                   | ×52,300,000   |
| Total Payments Listed (co                              | lumn totals added)  |   | <b>□</b> \$2;             | 410,000       |
|  | D. FEDERA   | L SIGNATURE   |                           |               |

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type)  MULLINS AND WOLD ENERPRISES | Signature mulo Wild                           | Date 6-30-04 |
|---|---|--------------|
| Name of Signer (Print or Type)  DONALD J. WOLD, And | Title of Signer (Print or Type)  CHAIRMAN AND | ŒO           |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

### 3 4 1 2 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell explanation of to non-accredited offering price Type of investor and offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited **Investors** Investors **Amount** Yes No State Yes No Amount ALΑK AZAR PANTMENSOR X NA NA CA NA NA X INTENEST CO CT DE DC FL GA HI ID IL IN IA KS ΚY PANTHERSINT INTULESS NA X NA LA NA NA X ΜE MD MA PARTMERSHIP INTENEST NA NA MI NA NA X MN MS

**APPENDIX** 

## **APPENDIX** 2 3 4 5 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State waiver granted) offered in state investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited State Yes No **Investors** Amount **Investors Amount** Yes No MO MT NE NV NH NJ NM NY NC ND OH PANTHERSHIP INTEREST X X OK MA NA NA NA OR PA RI SC SD TN PARTHERSHIP INTEREST 6 4 70,000 250,000 TXX UT VT VAWA WV WI